

HAWAII EMPLOYER-UNION HEALTH BENEFITS TRUST FUND
MONTHLY INSURANCE PREMIUM RATES
by BARGAINING UNITS (BUs)
Effective July 1, 2003

Benefit Plan	Type of Enrollment	Employee Contribution	Public Employer Contribution
Medical/Drug/Chiro Plan Kaiser/Kaiser/MBAH BU 01, 61, 10, 20, 33, 70, 90 only	Self Family	33.98 189.64	186.62 465.08
BU 05, 45, 55 only	Self Family	69.22 202.72	151.38 452.00
All other BUs	Self Family	79.28 234.94	141.32 419.78
HMSA/HMSA/MBAH BU 01, 61, 10, 20, 33, 70, 90 only	Self Family	46.92 232.56	186.62 465.08
BU 05, 45, 55 only	Self Family	82.16 245.64	151.38 452.00
All other BUs	Self Family	92.22 277.86	141.32 419.78
Dental Plan HDS BU 01, 61, 10, 20, 33, 70, 90 only	Self Family	7.64 17.26	16.80 52.02
All other BUs	Self Family	9.64 19.26	14.80 50.02
Dual Coverage Dental Plan HDS BU 01, 61, 10, 20, 33, 70, 90 only	Self Family	3.64 14.40	10.82 26.94
All other BUs	Self Family	5.64 16.40	8.82 24.94
Vision Plan VSP All BUs	Self Family	2.36 5.06	3.60 7.68
Dual Coverage Vision Plan VSP All BUs	Self Family	1.32 2.86	2.06 4.38
Life Insurance Aetna All BUs		None	4.16